



DHHS WAIVER ADVISORY COMMITTEE **MEETING MINUTES**

Date: May 22, 2012 **Time:** 1:00 pm – 3:00 pm **Location:** McKimmon Center, Raleigh, NC

MEETING CALLED BY			William "Lee" Smith, Chairman		
TYPE OF MEETING			DHHS Waiver Advisory Committee (DWAC)		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch	<input checked="" type="checkbox"/>	Ken Marsh	Lme Support Services	<input checked="" type="checkbox"/>
Margaret Stargell	Coastal Horizons Center, Inc.	<input type="checkbox"/>	Jim Jarrard	DMH/DD/SAS Asst. Dir.	<input checked="" type="checkbox"/>
Jack Naftel, MD	NC Physicians Association	<input checked="" type="checkbox"/>	Kathy Nichols	DMA Waiver Pgms Mgr	<input checked="" type="checkbox"/>
Rosemary Weaver	State	<input checked="" type="checkbox"/>	Kelly Crosbie	DMA	<input checked="" type="checkbox"/>
Carol Messina	State	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Susan Monroe	Local	<input checked="" type="checkbox"/>			
Marc Jacques	Local	<input checked="" type="checkbox"/>			
Deby Dihoff	NAMI	<input checked="" type="checkbox"/>			
Ellen Perry	DD	<input checked="" type="checkbox"/>			
Cherene Allen-Caraco	Mecklenburg's Promise	<input checked="" type="checkbox"/>			
Lois Cavanagh-Daley	NC CANSO	<input type="checkbox"/>	GUEST		
Arthur C. Wilson	Transylvania Co.	<input type="checkbox"/>	NAME	AFFILIATION	PRESENT
William Smith III	Wayne Co.	<input checked="" type="checkbox"/>	Don Herring	WHN	<input checked="" type="checkbox"/>
Brian Ingraham	Smoky Mtn.	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Ken Jones	Eastpointe	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mike Watson	Deputy Sec. for Health Svcs	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Craigán Gray	Director	<input type="checkbox"/>			<input type="checkbox"/>
Tara Larson	DMA, Chief COO	<input type="checkbox"/>			<input type="checkbox"/>
Steve Jordan	Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U. Nenna Lekwauwa	Medical Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>

1. Agenda topic: Welcome and Approval of Minutes

Presenter(s): Lee Smith

Discussion	<ul style="list-style-type: none"> Arthur Wilson, Margaret Stargell, and Tara Larson unable to attend due to other commitments. Welcome Tony Sowards, SA rep, to committee. Amendment to April minutes - Minutes revised to identify Ellen Perry's comments regarding future MCO start ups (Topic 6). Marc Jacques requested information regarding Peer Support from ECBH. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> Minutes to be revised, posted with corrections noted above. 	Judy Harmon	5/31/12	

2. Agenda topic: Chair Update/Housekeeping Items

Presenter(s): Lee Smith

Discussion	<ul style="list-style-type: none"> Noted for visitors that a number of Area Directors present at today's meeting (hearing the concerns being expressed). Invitation for Public to sign up to speak, reminder of 3 minute time limit. Any written comments are welcomed and will be distributed to committee members for review. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
<input type="checkbox"/> N/A			

3. Agenda topic: Sandhills Center Implementation Status Update**Presenter(s): Beth Melcher**

Discussion	<ul style="list-style-type: none"> Sandhills was scheduled to start July 1, 2012. After extensive process of reviews, site visits, etc., it was decided that pieces of IT system, particularly regarding claims processing, were not going to be ready, Sandhills Center board voted to request 3 month delay in implementation. Request supported by State. New start date October 1, 2012. Beth pointed out that the ability to adjust implementation is within the timeframe that the General Assembly has provided. Peggy applauded Sandhills for their decision. Ellen inquired whether hiring of care coordination staff and community guides would be contracted with an agency and pointed out her belief that hiring/training needed to be done 6 month prior to start. Beth pointed out that it was being put in place right now and that care coordination function is part of that readiness review. 		
Conclusions			
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> None 			

4. Agenda topic: Presentation/Updates –WHN**Presenter: Don Herring**

Discussion	<ul style="list-style-type: none"> Review of PowerPoint Presentation. <ul style="list-style-type: none"> •WHN first Medicaid expansion waiver site beyond PBH •Outlined challenges of becoming MCO •Extensive time and effort went into preparing for waiver. Multiple on-site visits. Determined ways to communicate. Stressed need for flexibility •Waiver goals: increase access, assure quality and cost effectiveness. •Stressed need for good providers. •Staffing – Network stability maintained with 23 licensed professionals hired, 6 terminations. •Staff Workload – Access (Call Center) increased from 4500/month to 6500/month; UM/CM increased from 2500 authorizations/month to 7000/month. •Claims processing <ul style="list-style-type: none"> ○ Treatment Authorization Requests received – January 10,640, February 6,657, March 5,830 ○ Total claims received Jan-March 211,979. 180,200 clean, 99 pended, 1,521 approved but unpaid (waiting for the checks to be written), 30,126. ○ Turn-around times, Decisions must be made in 14 days. WHN previously processed claims in 2-3 days, now averaging 8 days. Caused confusion with providers who were used to shorter turn around. ○ Denials result of administrative list, duplicate requests, wrong diagnosis. Top 5 reasons for denied claims: Duplicate services/support billed; Invalid combo – location NPI/Xip; Contract and/or insurance not on file; No authorization exists; Service/support not in benefit plan. ○ Still paying paper claims – some issues include providers providing home office address rather than address of service delivery, issues with locator codes (Providers need to contact WHN to resolve locator code problems.) ○ Claims Issues – some Clearinghouses want the MCO/LME to pay them a fee to process Medicaid claims for their clients (providers). All Providers have the ability to bill WHN outside of clearinghouses through DDE or paper. •Grievances/Complaints <ul style="list-style-type: none"> ○ 39 complaints between January-March, all but five were consumer grievances/complaints about providers ○ Question raised regarding the number of complaints identified and what constitutes complaint. Ans. Issues are documented as complaints when filed as a formal complaint. Discussion about numbers being low and whether WHN is asking the individuals whether they wished to file <u>formal</u> complaints. •WHN has a 1-800 number for grievances and complaints. Complaints are welcomed as quality improvement tools. 		
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	<ul style="list-style-type: none"> • Adverse Letters/Reconsiderations <ul style="list-style-type: none"> ○ 53 adverse letters issued between January-March, 10 reconsidered (50% of reconsiderations upheld. All letters were I/DD except 4, two of these non-Medicaid • Provider Development <ul style="list-style-type: none"> ○ Enrollment Applications – 439 contracted, 17 pending contract, 14 pending. Request made for numbers on LIPs and IDD providers ○ Credentialing – 791 complete, 160 in process, 1 pending – Request for IDD #s. ○ A number of LIPs held out initially and as a result were not credentialed at start up. WHN offered grace period in order to get many of these credentialed. ○ Contracted Providers – 221 prior to waiver, 470 after, 2 denied. • Additional questions/comment from presentation <ul style="list-style-type: none"> ○ Suggested that Mercer Reports be integrated in presentations. Ans. Beth Melcher indicated that Mercer reports are important to look at but are considered a Quality Improvement Project with the MCOs to provide an opportunity for expert to help identify issues to look at, NOT an audit. Brian reminded committee that mercer reports are also a snapshot and data can change within days. ○ PMPM questioned, Ans. 30% outpatient ○ How often is provider list updated, Ans. When new contractors are added. ○ Transitioning children, Ans. WHN system of care type of work, flexible, to keep kids in home. ○ Number requested for PRTF vs. Level III • WHN complemented on doing good job with training/credentialing. 		
Conclusions	<ul style="list-style-type: none"> ▪ Power Point Presentation available on website. 		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> • WHN to provide feedback on questions raised that were not addressed in meeting. 	Don Herring	Prior to June Mtg.	

5. Agenda topic: Updates

Presenter: Peggy Terhune / Marc Jacques

Discussion	<ul style="list-style-type: none"> • Performance Outcomes discussions from Sub-Committee - Peggy Terhune <ul style="list-style-type: none"> ○ Subcommittee identified 6 outcomes <ul style="list-style-type: none"> ▪ Adult Mental Health, SA – Track employment and homelessness ▪ Adult DD – Track if satisfied where they live, job in community ▪ Child MH & SA – Track where kids getting into trouble in school ▪ Child DD – Track families’ services to care for them at home, track beginning July 1, support plan includes things important to them. ▪ Difficult to choose 6 items from existing data ▪ Committee requesting ½ hr. of time on next months’ agenda to discuss difference between Care Coordination and Case management. Want to determine way to understand: Is it an issue? What is the Issue? ▪ What is Community Guide role? What is Care Manager role? ▪ Definition of Community Guide requested. Ans. Short term service, not case management. • DWAC Waiver Issues Tracking Log - Peggy Terhune <ul style="list-style-type: none"> ○ Congratulations to Smoky for passing Mercer review ○ Kudos to ECBH after giving major grief to Leza Wainwright at prior meeting and to Sandhills for asking for delay. • Public Comment Tracking Logs - Peggy Terhune <ul style="list-style-type: none"> ○ Individuals no longer on CAP waiting lists – these people not being dropped ○ Be sure questions are 1915 (b)(c) related. ○ Committee members to review logs and if no response within five days will be affirmed. Responses to be sent to Ken March. • Fact Sheets for MH, IDD and SA – Marc Jacques <ul style="list-style-type: none"> ○ Two fact sheets in draft format developed; third one to be developed. ○ Main focus Fact Sheet 101 – basics specific questions on what disability is, what
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	<p>services are available in system and what individuals want and need. Plan to summarize three fact sheets into one document.</p> <ul style="list-style-type: none"> ○ If DWAC committee likes work, subcommittee thinks a fact sheet 102 might be of benefit to write up for committee review. ○ Request for Consumer Fact Sheet to be added to agenda for next month for draft document to review. 		
Conclusions	<ul style="list-style-type: none"> ▪ Care Coordination presentation next month 		
Action Items			
<ul style="list-style-type: none"> • Pull together PowerPoint to present at DWAC meeting - Care Coordination and Community Guide roles. • Time set aside at June meeting for discussion. 	Ken Marsh/and DMH-DD-SAS – BP Team staff to assist in development with subcommittee.	Prior to June Mtg.	

6. Agenda topic: Public Comment Period

Presenter(s): NA

Discussion	<ul style="list-style-type: none"> • Pat Weigand – affiliated with Arc, parent <ul style="list-style-type: none"> ○ Expressed concerns over need for Case Management. Losing assistance with education, employment, finance, housing, medical, guardianship, advocacy, everything. This is a big mistake and going to do a lot of harm. Once we lose these services we will not be able to regain them. • Steve Harrell – parent <ul style="list-style-type: none"> ○ Appreciates committee members' efforts and involvement. Believes committee seeking stakeholders instead of stakeholders that developed a system. Particularly interested in comparison of coordinators vs. managed care. Requested that when doing comparison, committee reach out to parents/stakeholders since they understand the different between what's being offered and what they have been through. Wish to help get it right. Can be contacted through Dave Richards. • Mary Short – IDD Caregiver Voices and Breakfast Club. <ul style="list-style-type: none"> ○ Comment on tracking log question about Capitation. Answer; New MCO talking point about how capitation going to affect innovations waiver. Concern that MCOs not answer question on whether or not Innovations Waiver is part of capitation. Requesting Best Practice information for IDD. Being told waiver rules, policies, procedures based on best practice however available information indicates there is no best practice information available for IDD. Questions why if someone needs less than 40 hours worth of 1:1 care they have the option of whether parent can do it. If over 40 hours, that decision taken away. Why are those least able to defend themselves subjected to that level of bullying? • Cathy Reider – Dr., parent of adult on waiver, Asheville resident, case manager for pathways, Smoky, Mecklenburg, Care Coordinator in WHN LME. <ul style="list-style-type: none"> ○ Transition to innovations for consumers with significant needs, with enhanced person care or home support needs has resulted in reduction in hours of services between 50-65%. For those people there is neither quality nor effective services. Results very possibly in institutionalization. Not cost effective to do away with home supports to enhanced personal care. ○ Consistent answers to questions haven't been her experience. In 5-year pilot program there is no service manual. Easier if there were consistencies between MCOs and transition details. ○ Intensive In-Home. Waiver documents indicate if you need more than 12 hours of care you can get it but rules have changed and IHH is for acute, not chronic issues. Most DD the needs are chronic, not acute. • Laurie Hailey – Parent <ul style="list-style-type: none"> ○ Part of Five County LME, now with PBH ○ Felt she was not given correct information concerning cap waiver policy by LME and services offered to daughter inappropriate. ○ Took steps to resolve through Disability Rights, Office of Administrations, Federal Officials from Centers of Medicare and Medicaid Services. ○ Currently resolving most of the issues with PBH, they are hiring an advocate to help with concerns. ○ Offered recommendations for others: Record meetings. Keep a journal, log names,
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	<p>dates, when e-mails sent out. (Valuable in court). Leave a paper trail. Ask for confirmation in writing or an email of important matters. This is more effective than phone calls. Email whoever having the problem with to try to resolve issue, email DMA, and email CMS.</p> <ul style="list-style-type: none"> ○ You can appeal if waiver changes and a service no longer exists. How long you wait to appeal affects whether or not the services and payment continue until appeal resolved. You can appeal a rate change. • Inez Dudley – Sister, guardian <ul style="list-style-type: none"> ○ Expressed concerns over loss of independent case management, loss of outside advocacy. Regardless of how good care coordinators are, they are still hired by MCO and money still coming from MCO, no advocacy available. Person-Centered planning done years ago, need more training. • Debbie Chapman – from Greenville, parent <ul style="list-style-type: none"> ○ Concerns about cross walking came to be. Habilitative services cut and replaced with IHH which is potentially temporary. Lack of communication, no appeal rights. On pins and needles not knowing what will happen in future for some who need chronic services potentially for rest of life. Were told there would be no cuts to services in crosswalk but they are. Others in similar situation, no way to voice that. Turned down by Disability Rights. Need to know how to appeal. • Carrie Scott – relative of consumers, consumer <ul style="list-style-type: none"> ○ Unique view in that she is working way out of system and living productive life. System cutting rehabilitative service which will prevent others from doing the same. Care Coordinators hired under MCO provides direct conflict of interest. • Curtis Taylor – Oxford House <ul style="list-style-type: none"> ○ Self-run, self-supported recovery home for recovering addicts and alcoholics. Peer run model. Peer support definition considered strictly mental health due to lack of funding. Peer support essential to recovery of others. • Chris Delacruz – parent <ul style="list-style-type: none"> ○ Biggest issue is due process, appealing to same person who made decision to begin with. As parents need to do everything in power even if judge says no. ○ What we are seeing happening is not what we are being told. ○ Requested contact list. • Lisa Poteat – Arc of NC Senior Director, oversees Case Management services. Care Coordination an administrative function which is simply plan development. <ul style="list-style-type: none"> ○ Community Guides is evolving service people find difficult to understand or receive. If not authorized, can't practice the service. Stressed need for long term needs of people with DD. ○ Proposed we require MCOs to do post-transition listening sessions and community forums because we are not hearing enough from the people. • 				
Conclusions	<ul style="list-style-type: none"> ▪ Individuals asked to submit their documents and committee members would review further. Also asked to submit their contact information to Ken Marsh and members would be able to get back in touch with them. ▪ Motion made to ask State to require LME/MCOs to have community post-transition listening sessions and community forums. ▪ Discussion among Committee members regarding how to capture the comments and concerns that are shared at DWAC Committee meetings and offer assistance or advice. Public comments often “comments”, questions can be addressed. 				
Action Items					
<ul style="list-style-type: none"> • Meeting Adjourned 	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> </thead> <tbody> <tr> <td></td><td></td></tr> </tbody> </table>	Person(s) Responsible	Deadline		
Person(s) Responsible	Deadline				

Next Meeting: Wednesday, June 20, 2012, 1:00 p.m. – 3:00 p.m.